

UTAH INSURANCE DEPARTMENT

Revised 12/00

State Office Bldg. Room 3110

Salt Lake City, Utah 84114

www.insurance.utah.gov

UTAH INSURANCE DEPARTMENT NOTICE OF APPOINTMENT OR TERMINATION

Insurer: _____ NAIC No: _____

Address: _____

City/State/Zip: _____

The above named Insurer (company) certifies that the person or agency designated herein has been appointed or terminated as an agent representing the company in the State of Utah. The company has notified the licensee of the appointment or termination and its effective date. Appointment may be kept in full force by filing of biennial requests for renewal and payment of fees. The company is appointing the licensee for the lines of authority requested below, for which both the company and the licensee are properly licensed in Utah. The company has investigated the qualifications of the licensee and finds all in compliance with Utah's insurance statutes and regulations.

1.

☐ APPOINTMENT

☐ TERMINATION

☐ TERMINATION FOR CAUSE (written explanation must be included)

2. Select Appointment type for transaction. Company must be authorized for those lines in Utah.

Type	Appointment Type	Type	Appointment Type
<input type="checkbox"/> LI	Life	<input type="checkbox"/> CLCD	Credit Life – Credit Disability
<input type="checkbox"/> AH	Accident & Health	<input type="checkbox"/> CRDT	Credit Guarantee
<input type="checkbox"/> VC	Variable Contract	<input type="checkbox"/> IUCP	Involuntary Unemployment – Credit Property
<input type="checkbox"/> PC	Property Casualty	<input type="checkbox"/> LE	Legal Expense
<input type="checkbox"/> TI	Title (Escrow, Search, Marketing)	<input type="checkbox"/> MC	Motor Club
<input type="checkbox"/> WC	Workers Comp	<input type="checkbox"/> RC	Rental Car
		<input type="checkbox"/> BL	Bail Bond
		<input type="checkbox"/> TR	Travel

☐ Individual ☐ Agency

Licensee Name: _____

SSN/Tax Id. No. _____ Effective Date of Appt/Term _____

Person Authorized To Appoint (Please Print) _____

Signature _____

INSTRUCTIONS

1. Form must be typewritten and may not be handwritten. It may be duplicated or reproduced by computer & laser printer.
2. Signature on notice must be clearly identifiable as an original signature (signature stamp acceptable); no photocopy signatures.
3. An appointment cannot be issued or renewed unless licensee has a current Utah License with that line of authority
4. Appointment/termination will be effective on date specified above, or in accordance with Utah Administrative Code R-590-101.
5. It is not necessary to submit payment with appointment or termination. Companies will be billed monthly.